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JAN 30 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HOTCHKISS et al. Docket No.: 369526-101
Serial No.: 10/055,675 Art Unit: 2164
Filed: January 23, 2002 Examiner: Pannala, Sathyanaraya R
For: CLINICAL RESEARCH DATA MANAGEMENT SYSTEM AND METHOD

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
☒ 18 Page Amendment and Response Under 37 CFR 1.111.

STATUS

- ☒ Applicant claims small entity status under 37 CFR 1.27.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| | <u>Extension (months)</u> | <u>Fee for other than small entity</u> | <u>Fee for small entity</u> |
|--------------------------|-------------------------------|--|---------------------------------|
| <input type="checkbox"/> | one month | \$ 120.00 | \$ 60.00 |
| <input type="checkbox"/> | two months | \$ 450.00 | \$225.00 |
| <input type="checkbox"/> | three months | \$1,020.00 | \$510.00 |
| <input type="checkbox"/> | four months | \$1,590.00 | \$795.00 |

Fee \$0.00

- ☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Sathyanaraya Pannala in Group No. 2164 at facsimile number 571.273.8300 located at Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on

Date: January 30, 2006

Yvette Yurralde-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OR | OTHER THAN A SMALL ENTITY |
|--|---------------------------------|---------------|------------------|------------|---------------------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Percent Extra | Rate | Addit. Fee | Rate |
| Total 46 | Minus *0* | 51 | - | 0 | x25= |
| | | | | \$0 | x50= |
| Indep. 8 | Minus *0* | 8 | = | 0 | x100= |
| | | | | \$0 | x200= |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | +180= | \$ | x360= |
| | | | TOTAL ADDIT. FEE | \$0 | OR TOTAL ADDIT. FEE |
| | | | | | \$0 |

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.

FEE PAYMENT

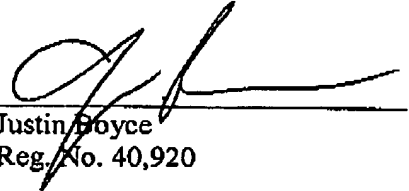
☒ Charge Account No. 50-2778 the sum of \$0 for the fee for _____.

FEE DEFICIENCY

- ☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Respectfully submitted,

DECHERT LLP


 Justin Boyce
 Reg. No. 40,920

Dated: January 30, 2006

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AMENDMENT & RESPONSE UNDER 37 CFR 1.111

In response to the office action mailed on November 1, 2005, please amend the above-identified application as follows and consider the following remarks.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.